

DISPOSAL PICK UP

P.O. # M24766

State of California - Health and Welfare Agency

4/25/86

Department of Health Services
Toxic Substances Control Division
Sacramento, California

Please print or type. (Form designed for use on 11x17 inch typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's USEPA ID No. CAD981159643	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Glendale Adventist Medical Center (Ralph Stark) 1509 Wilson Terrace, Glendale, CA 91206			A. State Manifest Document Number 84345353		B. State Generator's ID CAD981159643	
4. Generator's Phone (818) 240-8000, x 7298			C. State Transporter's ID 701738		D. Transporter's Phone 213/698-0991	
5. Transporter 1 Company Name Omega Recovery Services			6. USEPA ID Number CAD042245001		E. State Transporter's ID	
7. Transporter 2 Company Name			8. USEPA ID Number		F. Transporter's Phone	
9. Designated Facility Name and Site Address Omega Recovery Services 12504 E. Whittier Blvd. Whittier, CA 90602			10. USEPA ID Number CAD042245001		G. State Facility's ID CAD042245001	
			H. Facility's Phone 213/698-0991			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HAZARDOUS WASTE LIQUID, N.O.S. ORM, (Lithium Bromide containing Chromate) N9189			12. Container No. 004	13. Inerts Type DM	14. Total Quantity 110	15. Unit G
						16. Waste No. 211
17. Additional Descriptions for Materials Listed Above			18. Handling Codes for Wastes Listed Above R01			
19. Special Handling Instructions and Additional Information DRIVER: MATERIAL IS DOWN AT DOCKSIDE. ASK FOR RALPH STARK						
20. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this container are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name JOHN A. READER			Signature John A. Reader		Date Month Day Year 4 18 86	
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature Jim Batterra		Date Month Day Year 04 28 86	
18. Transporter 2 Acknowledgement of Receipt of Materials			Signature		Date Month Day Year	
19. Discrepancy Indication Space						
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19						
Printed/Typed Name STEVEN SIMPSON			Signature Steven Simpson		Date Month Day Year 04 28 86	

May 15, 1986

State of California—Health and Welfare Agency

Department of Health Services
Toxic Substances Control Division
Sacramento, California

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US-EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Glendale Adventist Medical Center 801 So. Chevy Chase Dr., Glendale, CA 91205		4. Generator's Phone (818) 956-2171, ext. 399		A. State Manifest Document Number 86534414	
5. Transporter 1 Company Name Omega Recovery Services		6. US EPA ID Number CA D 0 4 224 50 0 1		C. State Transporter's ID 701 734	
7. Transporter 2 Company Name		8. US EPA ID Number		D. State Transporter's Phone 213 698-0991	
9. Designated Facility Name and Site Address Omega Recovery Services 12504 E. Whittier Blvd. Whittier, CA 90602		10. US EPA ID Number CA D 0 4 224 50 0 1		E. State Facility's ID CA0042245001	
				F. Facility's Phone 213 698-0991	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. Hazardous waste liquid, N.O.S. ORM-E NA 9189 (Lithium Bromide)		002	DM	518	G
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above d99			
15. Special Handling Instructions and Additional Information Drums are on ground floor. Customer requests prior notification of pick up. LABELS NEEDED. Auth: RBS					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name William McPhoy		Signature <i>William McPhoy</i>		Month Day Year 5/15/86	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name ISAAC Woods Jr		Signature <i>Isaac Woods Jr</i>		Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name STEVEN SIMPSON		Signature <i>Steven Simpson</i>		Month Day Year 5/15/86	

86534414

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No. C A D 9 8 1 1 5 9 6 4 3	Manifest Document No. 0 0 0 0 2	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address GLENDALE ADVENTIST MEDICAL CENTER 1520 E. Chevy Chase, Glendale, CA 91206		A. State Manifest Document Number 88181123	
4. Generator's Phone (818) 409-8051		B. State Generator's ID	
5. Transporter 1 Company Name BETTERBILT CHEMICALS, INC.		C. State Transp. Act's ID 010788	
6. US EPA ID Number C A D 9 8 1 6 8 6 2 4 9		D. Transporter's Phone 213) 955-0668	
7. Transporter 2 Company Name		E. State Transporter's ID	
8. US EPA ID Number		F. Transporter's Phone	
9. Designated Facility Name and Site Address OMEGA RECOVERY SERVICES 12504 E. Whittier Blvd. Whittier, CA 90602		G. State Facility's ID CIADICR12141ST001	
10. US EPA ID Number C A D 0 4 2 2 4 5 0 0 1		H. Facility's Phone 213) 698-0991	

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	1. Waste No.
a. WASTE, FLAMMABLE LIQUID N.O.S. UN1993	2012 D M	1110	G	State 214 EPA/Other F005
b.				State EPA/Other
c.				State EPA/Other
d.				State EPA/Other

J. Additional Descriptions for Materials Listed Above WASTE THINNER	K. Handling Codes for Wastes Listed Above a. 01 b. c. d.
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15. Special Handling Instructions and Additional Information USE GLOVES & GOGGLES

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and the best I can afford.
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Printed/Typed Name JOHN A READER	Signature <i>John A. Reader</i>	Month Day Year 01/12/1910
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17. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name EDDIE TORRES	Signature <i>Eddie Torres</i>	Month Day Year 01/12/1910

18. Transporter 2 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signature	Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		
Printed/Typed Name John HARTZ	Signature <i>John Hartz</i>	Month Day Year 01/12/1910

88181123
IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No. **CAD98115954300001**
Manifest Document No. **000001**

2. Page 1 of 3
Information in the shaded areas is not regulated by Federal law.

3. Generator's Name and Mailing Address
**GLENDAL ADVENTIS MEDICAL CENTER
1520 E. Cleve Chase, Glendale, CA**

A. State Manifest Document Number
88181245

B. State Generator's ID

4. Generator's Phone (818) **409-8163**

5. Transporter 1 Company Name
BETTERBILT CHEMICALS, INC.

6. US EPA ID Number
CAD98115954300001

C. State Transporter's ID
010788

D. Transporter's Phone
(213) 949-6668

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

**OMEGA RECOVERY SERVICES
12504 E. Whittier Blvd.
Whittier, CA 90602**

10. US EPA ID Number
CAD98115954300001

G. State Facility's ID
CAD10142121951011

H. Facility's Phone
(213) 698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total Quantity

14. Unit
Wt/Vol

15. Waste No.

a. **WASTE, FLAMMABLE LIQUID N.O.S. UN1993**

0101/1

DM

00055

G

State **214**
EPA/Other **D001**

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

WASTE THINNER

K. Handling Codes for Wastes Listed Above

a. **3/**

c.

15. Special Handling Instructions and Additional Information

USE GLOVES & GOGGLES

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

CRAIG WILKINSON

Signature

Craig Wilson

Month Day Year

08/3/89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

EDDIE TORRES

Signature

Eddie Torres

Month Day Year

08/3/89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

John HALTE

Signature

John Halte

Month Day Year

12/2/89

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address GLENDALE ADVANTAGE MEDICAL CENTER 1509 WILSON TERRACE, GLENDALE, CA 91502		4. Generator's Phone (818) 409-8051 or 818/ 409-8282	5. Transporter 1 Company Name OMEGA RECOVERY SERVICES	6. US EPA ID Number CA1D042245001	A. State Manifest Document Number 88293492
7. Designated Facility Name and Site Address OMEGA RECOVERY SERVICES 12504 E. WHITTIER BLVD. WHITTIER, CA 90602		8. US EPA ID Number CA1D042245001	9. State Facility's ID CA1D042245001	D. Transporter's Phone 213/698-0991	E. State Transporter's ID
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	1. Waste No.
a. HAZARDOUS WASTE LIQUID N.O.S. UN 9189 (R-11)		9114 DIM 2400 R			State: EPA/Other
b.					State: EPA/Other
c.					State: EPA/Other
d.					State: EPA/Other
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
		a. c/ b.			
		c. d.			
15. Special Handling Instructions and Additional Information 12x200 2x100					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Isaac Woods Jr		Signature Isaac Woods Jr		Month Day Year 10/21/89	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name Randy Dasher		Signature Randy Dasher	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name Isaac Woods Jr		Signature Isaac Woods Jr		Month Day Year 10/21/89	

Please print or type. (Form designed for use on elite (12-pitch typewriter).

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

CAD 981 159 643

Manifest

Document No. 84735

2. Page 1
of

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

GLENDAL "ADVENTIST" MEDICAL CENTER
1520 EAST CHEVY CHASE., GLENDALE, CA 91206

A. State Manifest Document Number

88684735

B. State Generator's ID

4. Generator's Phone (818 409-8271

5. Transporter 1 Company Name
OMEGA RECOVERY SERVICES

6. US EPA ID Number
CAD 042 245 001

C. State Transporter's ID

110237

D. Transporter's Phone 213 698-0991

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602

10. US EPA ID Number

CAD 042 245 001

G. State Facility's ID

CAD 0412245001

H. Facility's Phone

213 698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. WASTE PAINT RELATED MATERIAL, FLAMMABLE
LIQUID, (METHANOL, WOODSTAIN MIXED, MEK)

12. Containers
No. Type

997 DM

13. Total
Quantity

99/165 G

14. Unit
Wt./Vol

I. Waste No.

State 212,213

EPA/Other 0035 F003

State F005

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

A) MATERIAL FOR DISPOSAL

K. Handling Codes for Wastes Listed Above

a. 01

b.

c.

d.

15. Special Handling Instructions and Additional Information

PROFILE NUMBER B11066

EMERGENCY RESPONSE PHONE NUMBER 818 409-8271

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

David Birdsell

Signature

David Birdsell

Month Day Year

10/4/1991

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Robert J. Cirincione

Signature

Robert J. Cirincione

Month Day Year

10/4/1991

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11/1/91

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

N. Jay Solomon

Signature

N. Jay Solomon

Month Day Year

10/4/1991

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-3802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR'S USE ONLY

TRANSPORTER'S USE ONLY

FACILITY'S USE ONLY

generator_name GLENDALE ADVANTEG MEDICAL CENTER
lc_name: Glendale Adventist Medical Center *1403*
lc_calc_volume: 3.3184 tons

manifest_number	manifest_quantity_ton
84345353	0.5004 tons
86534414	0.24186 tons
88181123	0.4587 tons
88181245	0.22935 tons
88293492	1.2 tons
88684735	0.68805 tons
